Address and ZIP Code

Hawaii Tax I.D. No. W _

STATE OF HAWAII — DEPARTMENT OF TAXATION

See Instructions on reverse side.

FORM HW-2

EMPLOYER:

	TEMENT OF HAWAII INCOME TAX WIT	HHELD	CALENDAR	20 05
HW-2	AND WAGES PAID	000/	YEAR	
(REV. 2005) EMPLOYEE'S Name	Social Sec	urity Number:	A — For Hawaii S	tate Tax Collector
Address and ZIP Code				
			☐ Correcte	
Total Wages (Before Payroll Deductions) 2005	Hawaii Income Tax Withheld	\$	ents Not Included	
<u> \$ </u>	\$	Na	ture of Payment	
EMPLOYER'S Name Address and ZIP Code			EMPLOYER:	See Instructions on reverse side.
Hawaii Tax I.D. No. W				FORM HW-2
	TATE OF HAWAII — DEPARTMENT OF TAXA TEMENT OF HAWAII INCOME TAX WIT AND WAGES PAID	HHELD	CALENDAR YEAR	20 05 tate Tax Collector
EMPLOYEE'S Name	Social Sec	urity Number:	Torriawanc	tate Tax Collector
Total Wages (Before Payroll Deductions) 2005	Hawaii Income Tax Withheld	\$	Correcte	l in Total Wages
\$	\$	Na	ture of Payment	
EMPLOYER'S Name Address and ZIP Code			EMPLOYER:	See Instructions on reverse side.
Hawaii Tax I.D. No. W				FORM HW-2
	TATE OF HAWAII — DEPARTMENT OF TAXA TEMENT OF HAWAII INCOME TAX WIT AND WAGES PAID	_	CALENDAR YEAR	20 05
(REV. 2005)		COPY A	A — For Hawaii S	tate Tax Collector
EMPLOYEE'S Name	Social Sec	urity Number:		
Address and ZIP Code				
			☐ Correcte	-d
Total Wages (Before Payroll Deductions) 2005	Hawaii Income Tax Withheld	\$	ents Not Included	
\$	\$	Na	ture of Payment	
EMPLOYER'S Name				·

TO EMPLOYER:

- Prepare this form for each employee to whom wages have been paid.
- 2. Fill in -
 - (a) The employee's name, address, ZIP code and social security number.
 - (b) Total wages subject to withholding, or paid to blind, deaf, or totally disabled persons.
 - (c) Amount of income tax deducted and withheld. If no amount was deducted and withheld, enter "none" or "n"
 - (d) Amount of payment not included in "Total Wages" as to which information is required. (See Booklet A — Employer's Tax Guide, Section 10.)
 - (e) Your name, address, ZIP Code and Hawaii Tax Identification Number.

- 3. Give copies B and C to the employee on or before January 31 following the calendar year, or on the day the last payment of wages is made if his or her employment is terminated before the close of such calendar year.
- Forward Copy A to the Hawaii State Tax Collector in accordance with the instruction printed on Form HW-3, Employer's Return and Reconciliation of Hawaii Income Tax Withheld From Wages.
- 5. For further information, see Booklet A Employer's Tax

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 - (c) Amount of income tax deducted and withheld. If no amount was deducted and withheld, enter "none" or "O"
 - (d) Amount of payment not included in "Total Wages" as to which information is required. (See Booklet A — Employer's Tax Guide, Section 10.)
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- 5. For further information, see Booklet A Employer's Tax

	STATE OF HAWAII — DEPARTMENT OF T	_	CALENDAR	05
HW-2	AND WAGES PAID		YEAR	20 05
(REV. 2005)			Be Filed With Employe	e's Tax Return
EMPLOYEE'S Name	Social	Security Number	er:	
Address and ZIP Code				
			☐ Corrected	
Total Wages (Before Payroll Deductions) 2005	Hawaii Income Tax Withheld		ments Not Included in	Total Wages
\$	\$		♥ Nature of Payment	
EMPLOYER'S Name	·		MPLOYEE: This is not	
Address and ZIP Code		bı In re	ut must be filed with you come Tax Return for 20 verse side of this copy structions.	ır Hawaii 005. See
Hawaii Tax I.D. No. W			F	ORM HW-2
HW-2 (REV. 2005) EMPLOYEE'S Name Address and ZIP Code		COPY B — To Security Number	YEAR Be Filed With Employeder:	e's Tax Return
Address and Zii Gode				
			☐ Corrected	
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld		ments Not Included in •	Total Wages
2005 \$	\$		Φ Nature of Payment	
EMPLOYER'S Name				
Address and ZIP Code		bı In re	MPLOYEE: This is not ut must be filed with you come Tax Return for 20 verse side of this copy structions.	ır Hawaii 005. See
Hawaii Tax I.D. No. W			F	ORM HW-2
	STATE OF HAWAII — DEPARTMENT OF T		. — — — —	
	TATEMENT OF HAWAII INCOME TAX	WITHHELD	CALENDAR	20 05
HW-2	AND WAGES PAID		YEAR	2005

(REV. 2005)

Social Security Number:

COPY B — To Be Filed With Employee's Tax Return

EMPLOYEE'S Name Address and ZIP Code

Hawaii Tax I.D. No. **W** _____ - ___ - ___

		Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
2005		\$
\$	\$	Nature of Payment
EMPLOYER'S Name		EMPLOYEE: This is not a tax return, but must be filed with your Hawaii
Address and ZIP Code		Income Tax Return for 2005. See reverse side of this copy & Copy C for Instructions.
Hawaii Tax I.D. No. W		FORM HW-2

NOTICE TO EMPLOYEE:

This statement is important. It must be filed with your Hawaii Income Tax Return for tax year 2005. If your social security number, name, or address is stated incorrectly, correct the information on this copy and notify your employer.

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FORM

Address and ZIP Code

Hawaii Tax I.D. No. W _

STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD

CALENDAR

DO NOT LOSE THIS STATEMENT.

FORM HW-2

HW-2	AND WAGES PAID	YEAR ZUU
(REV. 2005) EMPLOYEE'S Name	Social Se	COPY C — For Employee's Record curity Number:
Address and ZIP Code		
		Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
2005	Φ.	\$
\$	\$	Nature of Payment
EMPLOYER'S Name		EMPLOYEE : This is your receipt for your Hawaii Income Tax withheld.
Address and ZIP Code		DO NOT LOSE THIS STATEMENT.
Hawaii Tax I.D. No. W	<u>-</u>	FORM HW-2
ST	ATE OF HAWAII — DEPARTMENT OF TAX	(ATION
	TEMENT OF HAWAII INCOME TAX WI	THHELD CALENDAR
HW-2	AND WAGES PAID	year 20 0
(REV. 2005)		COPY C — For Employee's Record
EMPLOYEE'S Name	Social Se	curity Number:
Address and ZIP Code		
Address and Zii Gode		
		☐ Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
2005 \$	\$	\$
EMPLOYER'S Name	Ψ	Nature of Payment
Em 2012H o Name		EMPLOYEE : This is your receipt for your Hawaii Income Tax withheld.
Address and ZIP Code		DO NOT LOSE THIS STATEMENT.
		DO NOT LOSE THIS STATEMENT.
Hawaii Tax I.D. No. W		FORM HW-2
ST	ATE OF HAWAII — DEPARTMENT OF TAX	(ATION
	TEMENT OF HAWAII INCOME TAX WI	
HW-2	AND WAGES PAID	YEAR ZUU
(REV. 2005) EMPLOYEE'S Name	Social Se	COPY C — For Employee's Record curity Number:
LIVII LOTEL O NAME	oodiai oo	ounty Number.
Address and ZIP Code		
Total Wagner (Defect Desired) Dedication	Howeii Income Tow Wilkland	Corrected
Total Wages (Before Payroll Deductions) 2005	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
\$	\$	Nature of Payment
EMPLOYER'S Name	1 *	-
		EMPLOYEE : This is your receipt for your Hawaii Income Tax withheld.

INSTRUCTIONS TO EMPLOYEE:

This is your receipt for your Hawaii income tax withheld. You should keep it for use in preparing your Hawaii Income Tax Return for tax year 2005 required to be filed on or before April 20, 2006, and as evidence of tax withheld.

DO NOT LOSE THIS STATEMENT

INSTRUCTIONS TO EMPLOYEE:

This is your receipt for your Hawaii income tax withheld. You should keep it for use in preparing your Hawaii Income Tax Return for tax year 2005 required to be filed on or before April 20, 2006, and as evidence of tax withheld.

DO NOT LOSE THIS STATEMENT

INSTRUCTIONS TO EMPLOYEE:

This is your receipt for your Hawaii income tax withheld. You should keep it for use in preparing your Hawaii Income Tax Return for tax year 2005 required to be filed on or before April 20, 2006, and as evidence of tax withheld.

DO NOT LOSE THIS STATEMENT

FORM HW-2

Hawaii Tax I.D. No. **W** __ _ _ _ _ _ _ - _ _ _

STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD AND WAGES PAID

CALENDAR YEAR

2005

FORM HW-2

(REV. 2005)	AND WAGEST AID	COPY D — For	Employer
EMPLOYEE'S Name	Social Sec	curity Number:	1 - 7 -
Address and ZIP Code			
Address and ZIF Code			
T		☐ Corrected	
Total Wages (Before Payroll Deductions) 2005	Hawaii Income Tax Withheld	Payments Not Included in Tota	l Wages
\$	\$	Nature of Payment	
EMPLOYER'S Name			
Address and ZIP Code		EMPLOYER:	This copy is for your records.
Hawaii Tax I.D. No. W	_	FOR	RM HW-2
Hawaii Tax I.B. No. W			
	STATE OF HAWAII — DEPARTMENT OF TAX	(ATION	
	ATEMENT OF HAWAII INCOME TAX WI		
HW-2	AND WAGES PAID	YEAR	20 05
(REV. 2005)		COPY D — For	Employer
EMPLOYEE'S Name	Social Sec	curity Number:	
Address and ZIP Code			
Additional and Elifebook			
		☐ Corrected	
Total Wages (Before Payroll Deductions) 2005	Hawaii Income Tax Withheld	Payments Not Included in Tota	l Wages
\$	\$	Ψ Nature of Payment	
EMPLOYER'S Name		radio or aymon	
		EMPLOYER:	This copy
Address and ZIP Code			is for your records.
Hawaii Tax I.D. No. W	_	FOR	M HW-2
	TATE OF HAWAII DEPARTMENT OF TAX	VATION	
	TATE OF HAWAII — DEPARTMENT OF TAX ATEMENT OF HAWAII INCOME TAX WI		
HW-2	AND WAGES PAID	YEAR	20 05
(REV. 2005)		COPY D — For	Employer
EMPLOYEE'S Name	Social Sec	curity Number:	
1770			
Address and ZIP Code			
		☐ Corrected	
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Tota	l Wages
2005 ©	¢	\$ Not were (Borrows)	
\$ EMPLOYER'S Name	\$	Nature of Payment	
LIVIT LOTER 3 NAME		EMPLOYER:	This copy
Address and ZIP Code			is for your
			iccoius.